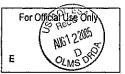
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 555 /	2. Fiscal Year Covered From:
	1/1/2004 Through: [12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Michele D. Shaffel	Name IAFE
	Labor Organization File Number 000-317
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 9721 Howes Rd.	Street 1750 New York Ave. NW
City Dunk. [K	city Washington
State MD ZIP Code + 4 20754	State DC ZIP Code + 4 2000 6
5. Position in labor organization. Director, Labor Issues and Collective Bargaining	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
get and the state of the state	
Name	
Name Trade Name, if any:	
The transfer of the state of th	7.b. Amount.
Trade Name, if any:	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of	nature  f Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	nature  f Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Michaele D. Shasser	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	4.1 Ta	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	ii c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Street	11.b. Approximate dollar value of such dealing.	
City	Nature of interest held or income received.	
State ZIP Code + 4		
	Continued a communication of the continued of the continu	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
The second secon		
Street		
City		
State ZiP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	